

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450



Docket No.: 206.1002US
Date: December 14, 2004

In re application of: Emil CIURCZAK, et al
Serial No.: 10/766,640
Filed: January 27, 2004
For: **WIRELESS BLOOD GLUCOSE MONITORING SYSTEM**

Sir:

Transmitted herewith is a **Information Disclosure Statement** in the above-identified application.

- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
☒ No fee for additional claims is required.
☐ A filing fee for additional claims calculated as shown below, is required:

FOR:	(Col. 1)		(Col. 2)		SMALL ENTITY		OR	LARGE ENTITY	
	REMAINING	HIGHEST	PREVIOUSLY	PRESENT	RATE	FEE		RATE	FEE
	AFTER		PAID FOR	EXTRA					
TOTAL CLAIMS	* Minus**	=	0		x \$ 9	\$		x \$ 18	\$
INDEP. CLAIMS	* Minus***	=	0		x \$ 40	\$		x \$ 80	\$
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$135	\$		+ \$270	\$
					TOTAL:	\$	OR	TOTAL:	\$

- * If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☒ Also transmitted herewith are:
☐ Petition for extension under 37 C.F.R. 1.136
☒ Other: **Form PTO 1449 and Copies of References Cited**
- ☐ Check(s) in the amount of **\$.00** is/are attached to cover:
☐ Filing fee for additional claims under 37 C.F.R. 1.16
☐ Petition fee for extension under 37 C.F.R. 1.136
☐ Other:
- ☒ The Assistant Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
- ☐ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.
- ☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

Cary S. Kappel, Reg. No. 36,561
 DAVIDSON, DAVIDSON & KAPPEL, LLC
 485 Seventh Avenue, 14th Floor
 New York, New York 10018
 Tel: (212) 736-1940
 Fax: (212) 736-2427

I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on December 14, 2004.
 DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: _____



206.1002US

UNITED STATES PATENT AND TRADEMARK OFFICE

Re: Application of: Emil CIURCZAK, et al
Serial No.: 10/766,640
Filed: January 27, 2004
For: **WIRELESS BLOOD GLUCOSE MONITORING SYSTEM**

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

December 14, 2004

Sir:

In accordance with Applicant's duty of disclosure under 37 C.F.R. §1.56 and the provisions of 37 C.F.R. §§ 1.97 and 1.98, Applicants hereby make of record the references listed on the attached Form PTO-1449. Also enclosed is a copy of the International Search Report for the corresponding PCT Application WO 04/069164 A2.

The present Information Disclosure Statement is filed under 37 C.F.R. §1.97(b), before the mailing of a first Office Action on the merits. Accordingly, it is believed that no fee is due. However, if it is determined that any fee is due, the Examiner is authorized to charge said fee to Attorney Deposit Account No. 50-0552.

Respectfully submitted,

DAVIDSON, DAVIDSON & KAPPEL, LLC

By: 

Cary S. Kappel
Reg. No. 36,561

DAVIDSON, DAVIDSON, & KAPPEL, LLC
485 Seventh Avenue, 14th Floor
New York, New York 10018
(212) 736-1940

SERIAL NO.:
10/766.640

APPLICANT(S):
Emil CIURCZAK , et al.

FILING DATE:
January 27, 2004

GROUP:
Unknown

[illegible][illegible]

EXAMINER	DATE CONSIDERED	

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.